

SUICIDE PREVENTION PLAN FOR SOUTH CENTRAL IDAHO

August 29, 2005

INTRODUCTION

Background:

This suicide prevention plan is the product of the work of the South Central Idaho Suicide Prevention Coalition. The Coalition was convened by Canyon View Hospital with funding from the South Central District Board of Health to develop a local plan modeled on the Idaho Suicide Prevention Plan. The need to develop this plan was identified by both the local Community Health Assessment Team and mental health providers participating in statewide efforts around suicide prevention.

The Community Health Assessment Team, a collaborative of local health leaders, identified depression and other mental health issues as a high priority health need in south central Idaho. The facilitator of the assessment, South Central District Health, subsidized a *Depression and Suicide Prevention Summit* in May of 2004, followed by a grant for development of this Suicide Prevention Plan for south central Idaho.

The result of these efforts is this Suicide Prevention Plan for South Central Idaho.

Terms used in this document:

The plan is based on the specific needs and resources of this area. The format mirrors that of national and state plans, separating **goals** (what we want to accomplish), **outcomes** (the change we expect to see), and **strategies** (generally, how the changes might be accomplished) into **Awareness, Implementation, and Methodology (AIM)** categories. **Awareness**, as used in this document, means goals, outcomes, and strategies addressing increasing knowledge on a wide-scale basis. **Implementation** includes goals, outcomes, and strategies addressing the programs and activities conducted to prevent suicides. **Methodology** encompasses goals, outcomes, and strategies addressing program evaluation, surveillance, reporting, and research.

Additionally, the plan includes development of the **Infrastructure** needed to oversee plan implementation. **Infrastructure** refers to goals, outcomes, and strategies addressing the tangible framework needed to secure resources to coordinate and provide information and technical assistance to organizations, agencies, and individuals working to implement goals and strategies within the plan, and to update the plan over time.

In each of the categories, there are strategies identified to be accomplished within the next 12 months and strategies that will take longer. As this plan is updated, it is contemplated that 12 month strategies will be completed and replaced by other short term strategies. Some long term strategies will become short term strategies; and new short and long term strategies will be identified to meet the evolving needs of this region.

INFRASTRUCTURE

The tangible framework needed to coordinate plan implementation; provide information and technical assistance to organizations, agencies, and individuals working on implementing components of the plan; and update the plan over time.

INFRASTRUCTURE GOAL NO. 1

A. What We Want to Accomplish

Maintain a regional coordinating body for leadership in implementing suicide prevention efforts in south central Idaho.

B. The Change We Expect to See

A coordinating body for leadership and implementing suicide prevention efforts in south central Idaho will be in place and will have accomplished the following:

- Resources have been acquired to support local infrastructure.
- State and local plans are coordinated.
- Plan implementation oversight is functioning.
- Resource directories have been developed and are being maintained.
- Technical assistance is available.
- Formal and informal information sharing is being accomplished between and among organizations.
- A mechanism is in place for coordinating with minority populations on implementation issues so they are consistent with cultural traditions and concerns.
- Data needs for suicide prevention have been identified.
- A method is in place for plan updates.

C. How the Change Will Be Accomplished

Avoid duplication by utilizing existing group(s) and expanding their role(s) and function(s) for local coordination. Within the next 12 months:

- Identify public and private resources for infrastructure development (e.g., grants, contracts, volunteers, staff, physical location, equipment, etc.) and prepare short and long term plans for infrastructure development and sustainability.
- Engage in at least one fund raising activity to support actions to implement this plan.
- Develop a method for regular review and updates of the entire suicide prevention plan.
- Identify information needs and sources for local suicide prevention efforts.
- Coordinate communication among local groups and between local and state levels.

INFRASTRUCTURE GOAL NO. 2

A. What We Want to Accomplish

Ensure representation on the local suicide prevention coordinating body that can address specific age-, gender-, and culture-specific issues related to suicide.

B. The Change We Expect to See

Greater awareness of and support for age-, gender-, and culture-appropriate suicide prevention services.

C. How the Change Will Be Accomplished

On an ongoing basis, add agencies/entities to the local suicide prevention coordinating body that will represent the full spectrum of considerations needed for effective suicide prevention plans.

Within the next 12 months, develop a process to periodically review the membership of the local suicide prevention coordinating body to ensure representation of all relevant considerations.

AWARENESS

Increased public knowledge of suicide related issues in Idaho, risks and protective factors for suicide, and available suicide prevention and intervention resources.

AWARENESS GOAL

A. What We Want to Accomplish

Increase awareness of suicide as a mental health issue in south central Idaho.

B. The Change We Expect to See

South central Idahoans have increased awareness of the following:

- Statewide and regional suicide statistics.
- Risk and protective factors for suicide including age-, gender-, and culture-related factors.
- Symptoms of depression and mental illness.
- The connection between depression, substance abuse, mental illness, and suicide.
- Warning signs for suicide.
- Stigma surrounding mental health, mental illness, and help seeking.
- Available resources and services.
- Best methods for suicide prevention.
- Issues regarding access to care.

C. How the Change Will Be Accomplished

Develop or obtain literature on suicide, suicide prevention (with particular attention to risk and protective factors for suicide such as age-, gender-, and culture-related factors), and resources available to residents of south central Idaho.

Within the next 12 months, disseminate information about suicide, suicide prevention, and available resources:

- To parents of 6th grade and older children in school registration packets regarding signs of depression.
- At local public events, such as health fairs, to raise awareness of suicide-related issues.
- To primary care physicians and current contacts of committee members, such as senior centers and Legal Aid.

For the longer term, develop a plan for informing the public about suicide, suicide prevention, and available resources with emphasis on proactive rather than reactive responses to mental illness to catch potential suicide risks before they become crisis situations. The plan should include:

- Providing in-depth information and training to healthcare professionals, law enforcement, and other emergency responders.
- Creating and distributing media guidelines and public service announcements to local media outlets.
- Providing information and training to other entities having contact with the public such as senior centers, business owners, human resources staff, educators and school personnel, parent-teacher organizations, clergy, law enforcement, suicide survivor groups, community service groups, gun shop owners, pawn shop owners, bartenders, Alcoholics Anonymous, Meals-on-Wheels, book mobiles, loan officers working with agricultural people, legislators, and others.
- Working with the State Suicide Prevention Committee to have a state website that lists national, state, and local events and resources.
- Working with the existing Suicide Prevention Hotline to develop and improve access in south central Idaho.
- Providing speakers and information about suicide, suicide prevention, and resources to present to local groups.
- Promoting a *suicide prevention day* where data will be highlighted

IMPLEMENTATION

Enhance and promote programs, services, and activities to prevent suicides by promoting protective factors and reducing risks.

IMPLEMENTATION GOAL NO. 1

A. What We Want to Accomplish

Identify, compile, and disseminate information on research-based programs and practices for the following:

- Promoting protective factors against suicide-related behaviors, with attention to protective factors that are age-, gender-, or culture-based.
- Reducing risks for suicide-related behaviors, with attention to risks that are age-, gender- or culture-based.
- Crisis response.
- Working with populations having higher risk for suicide.
- Working with suicide survivors.

B. The Change We Expect to See

Research-based practices and materials are available and accessible for designing and developing programs, services, and activities for preventing suicides.

C. How the Change Will Be Accomplished.

Provide information on research-based programs and practices to local gatekeepers. Within the next 12 months:

- Identify particular research-based programs and practices applicable to 6th grade through 12th grade youth and to seniors.
- Provide information on the identified research-based programs and practices oriented towards youths to parents of 6th through 12th grade youth, primary care physicians, educators and school personnel, parent-teacher organizations, legislators, and others that work with youth.
- Provide information on the identified research-based programs and practices oriented towards seniors, primary care physicians, senior centers, community services groups, legislators, and others that work with seniors.

For the longer term, identify other types of gatekeeper groups and specific research-based programs and practices directed towards those groups.

IMPLEMENTATION GOAL NO. 2

A. What We Want to Accomplish

Encourage the development of a broad array of research-based suicide prevention services.

B. The Change We Expect to See

A comprehensive array of services is available to prevent suicide.

C. How the Change Will Be Accomplished

For the longer term:

- Use the needs and resource assessment conducted by the state to identify existing programs and gaps in services.
- Encourage development of local services and interventions modeled on research-based programs not currently available in the region.

IMPLEMENTATION GOAL NO. 3

A. What We Want to Accomplish

Improve communication between and among agencies that provide suicide prevention services.

B. The Change We Expect to See

Improved coordination of suicide prevention services.

C. How the Change Will Be Accomplished

Within the next 12 months:

- Identify key partners and caretakers of people at risk of suicide.
- Develop a release of information recognized by the key partners and caretakers. Develop and disseminate recommended communication protocols to be used by and among the key partners and caretakers.

In the longer term, expand the group of partners and caretakers that use the release of information and recommended communication protocols.

IMPLEMENTATION GOAL NO. 4

A. What We Want to Accomplish

Reduce the risk of suicide by incarcerated individuals.

B. The Change We Expect to See

Fewer inmate suicides and suicide attempts.

C. How the Change Will Be Accomplished

In the longer term, work with local law enforcement and justice systems to:

- Review policies for jails and other forms of incarceration, including medications, administration, and supervision.
- Develop a lock site at a hospital.

IMPLEMENTATION GOAL NO. 5

A. What We Want to Accomplish

Make more immediate resources available to individuals and families affected by suicide.

B. The Change We Expect to See

Individuals and families affected by suicide will have quicker access to care and support services.

C. How the Change Will Be Accomplished.

In the longer term, develop:

- Temporary housing.
- Local hotline.
- Appropriate therapy/hospitalization services for the uninsured.
- More trained, on-call emergency caregivers.
- Internet website with information about providers, treatment, chat room, etc.
- Patient cost assistance programs.
- Assistance with critical aspects of life such as tax preparation, informal support groups, etc.

METHODOLOGY

*Gather data to evaluate the effectiveness of programs, activities, and clinical treatment.
Conduct suicide-specific surveillance and research.*

METHODOLOGY GOAL NO. 1

A. What We Want to Accomplish

Provide current data on local, state, and national suicide rates.

B. The Change We Expect to See

Current region-specific data on suicide is available to the public. South central Idaho will participate in actively gaining the following categories of information:

- Number of suicides per region including appropriate demographic information such as age, family role, etc.
- Number of suicides per municipality.
- Number of recorded suicide attempts from police, hospital, church, and other community sources.
- Talley of methods of culminated suicides.
- Talley of methods of attempted suicides.
- Estimated cost to the region for suicide completions.
- Estimated cost to the region of attempted suicides.
- Estimated prior attempts for suicide with completed suicides.
- Estimated prior attempts for suicide with attempted suicide.
- Intervention with attempted suicides.
- Known previous intervention types for completed suicides.

C. How the Change Will Be Accomplished.

Gather the most current data from the Department of Health and Welfare, Corrections; Office of the Coroner; sheriff and police departments; local hospitals and physicians; participating clergy; and supportive programs. The data gathering will be ONLY non-client specific in nature.

Compile, analyze, and disseminate data. The data will be gathered on a routine basis with compilation being done by a designated coordinating source. The dissemination of the updated information will be AT LEAST on a yearly basis through a number of media and activity means. Each of the participating agencies will agree to and sign a participating partnership agreement that will provide agency protection for release of confidential information. Compilation of data will be tandem with the fiscal quarters/year. Dissemination will occur through the print media; electronic media; and political and community gatherings such as the city councils, county commissions, and service organizations.

METHODOLOGY GOAL NO. 2

A. What We Want to Accomplish.

Obtain and disseminate data on the outcomes and effectiveness of local suicide prevention services.

B. The Change We Expect to See.

Data on outcomes and performance measures are available to guide decision-making about services:

- Recognize regional and local programming on a yearly basis for participation in and contribution toward education about and reduction of suicide occurrence.
- Increase awareness of suicide, causes, and commitment to active participation in suicide prevention including a measured decrease in community stigma around suicide and mental illness.

C. How the Change Will Be Accomplished.

Disseminate guidelines developed by the state for outcome and performance measurement for suicide prevention efforts to service providers. Provide support and coaching regarding the guidelines, language, possible grant opportunities, and actual follow through.

Encourage submission of data to local suicide prevention coordinating body. Each year, programming specific to the education of the community about suicide will be recognized identifying numbers educated and providing information as to the educational material utilized. These may include, but not be limited to, community screening for depression, community education regarding firearm safety such as locked cabinets, safeguarding medications in the home, and hotline establishment and access. Crisis intervention services will provide data concerning the following:

- Number of referrals.
- Number of positively resolved crises including hospitalization, referrals, utilization of Designated Examiner services, etc.

Compile and disseminate data. Work with local media to use suicide-linked for public information. Emphasis should be on providing accurate regional statistics within the year to make the numbers ‘real.’ The local body will coordinate with the state body to accurately achieve data conversion, providing actual compilation support when needed or requested. The region will review regional data from within the state as well as with like demographic areas across the nation to review and propose best practices opportunities for new program considerations.

METHODOLOGY GOAL NO. 3

A. What We Want to Accomplish.

Work with the state to develop a systematic and repeated method of monitoring suicide-related attitudes, intentions, and behaviors.

B. The Change We Expect to See.

Regularly collected data are available to guide suicide prevention-related decision making:

- Data will be easily available through print, electronic, and other media in each of the communities.
- Each public funded source of programming within the state will be encouraged to have a requirement to include suicide programming and response strategies.
- Regional data will be used to identify the top three causes of suicide and plan for programming around those issues.

C. How the Change Will Be Accomplished.

Encourage emergency rooms to share discharge data from local hospitals and provide to the state:

- Data gathering should occur on a quarterly basis.
- Data should consider also polling other sources such as doctors/clinics, counselors, Walker Center and other residential providers, and the DE process.

Disseminate compiled data received from the state:

- Regular education of the local governing bodies, law enforcement, the faith community, schools, service providers, and communities as a whole. This can be accomplished through planning regular ‘trailers’ across television programming, a set aside day for suicide prevention education, proclamations, etc.
- The disseminated data needs to be directly associated with the region as well as the state to make it ‘real’ to those who participate.
- Gain the active agreement/partnership of the local media such as Times News, KMVT, and the other regional ‘players’ to participate on a rotational basis in the development of trailers, PSAs, donation of page space, development of inserts, etc.